

PTO/SB/50 (02-01)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	<i>Attorney Docket No.</i>	125718-1000
	<i>First Named Inventor</i>	Pickard
	<i>Original Patent Number</i>	6,005,306
	<i>Original Patent Issue Date (Month/Day/Year)</i>	12/21/99
	<i>Express Mail Label No.</i>	EK107356695US

☒ *Utility Patent* ☐ *Design Patent* ☐ *Plant Patent*

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input checked="" type="checkbox"/> Ribbioned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
a. <input type="checkbox"/> Computer Readable Form (CFR)
b. Specification Sequence Listing on:	
i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

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Signature	<i>Michael E. Martin</i>	Date	12/14/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 125718-1000		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 39	**** 19 =	x \$ 9 =	171	or	x \$ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ 42 =	84		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$ 370			\$
Total Filing Fee					\$ 625		OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee					\$		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>07-0153</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>625</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>12/14/01</u> Date</p> </div> <div style="width: 45%; text-align: right;"> <p><u>Michael E. Martin</u> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Michael E. Martin, Reg. No. 24821</u> Typed or printed name</p> </div> </div>								

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